Hearing on Improving Family Outcomes through Home Visiting

HEARING

BEFORE THE

SUBCOMMITTEE ON WORKER AND FAMILY SUPPORT

OF THE

COMMITTEE ON WAYS AND MEANS

U.S. HOUSE OF REPRESENTATIVES

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WITNESSES

Steven Pascal, Director of Home Visiting, The Children's Trust

Myia Smith, Healthy Families America Family Support Specialist, Henry Booth House

Erica Beck, Healthy Families America Program Participant, Henry Booth House

Angella Dancer, Senior Director, Home Visitation Services, Choctaw Nation of Oklahoma

Debie Coble, President and CEO, Goodwill Industries of Michiana, Inc.

HOUSE COMMITTEE ON WAYS & MEANS
CHAIRMAN RICHARD E. NEAL

ADVISORY

FROM THE COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON WORKER AND FAMILY SUPPORT

FOR IMMEDIATE RELEASE
March 9, 2022
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CONTACT: (202) 225-3625

Chair Davis Announces a Subcommittee
Hearing on Improving Family Outcomes through Home Visiting

House Ways and Means Worker and Family Support Subcommittee Chair Danny K. Davis announced today that the Subcommittee will hold a hearing on "Improving Family Outcomes through Home Visiting" on Wednesday, March 16, 2022 at 10:00 AM ET in 1100 Longworth House Office Building and remotely via Cisco WebEx.

Members will be provided with instructions on how to participate via the Cisco WebEx platform in advance of the hearing. Members of the public may view the hearing via live webcast available at https://waysandmeans.house.gov/. The webcast will not be available until the hearing starts.

In view of the limited time available to hear the witnesses, oral testimony at this hearing will be from invited witnesses only. However, any individual or organization not scheduled for an oral appearance may submit a written statement for consideration by the Committee and for inclusion in the printed record of the hearing.

DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:

Please Note: Any person(s) and/or organization(s) wishing to submit written comments for the hearing record can do so here: WMDem.Submission@mail.house.gov.

Please ATTACH your submission as a PDF in compliance with the formatting requirements listed below, **by the close of business on Wednesday, March 30, 2022.**

For questions, or if you encounter technical problems, please call (202) 225-3625.

FORMATTING REQUIREMENTS:

The Committee relies on electronic submissions for printing the official hearing record. As always, submissions will be included in the record according to the discretion of the Committee. The Committee will not alter the content of your submission, but reserves the right to format it according to guidelines. Any submission provided to the Committee by a witness, any materials submitted for the printed record, and any written comments in response to a request for written comments must conform to the guidelines listed below. Any submission not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.

All submissions and supplementary materials must be submitted in a single document via email, provided in PDF format and must not exceed a total of 10 pages. Please indicate the title of the hearing as the subject line in your submission. Witnesses and submitters are advised that the Committee relies on electronic submissions for printing the official hearing record.

All submissions must include a list of all clients, persons and/or organizations on whose behalf the witness appears. The name, company, address, telephone, and fax numbers of each witness must be included in the body of the email. Please exclude any personal identifiable information in the attached submission.

Failure to follow the formatting requirements may result in the exclusion of a submission. All submissions for the record are final.

ACCOMMODATIONS:

The Committee seeks to make its facilities and events accessible to persons with disabilities. If you require accommodations, please call (202) 225-3625 or request via email to WMDem.Submission@mail.house.gov in advance of the event (four business days' notice is requested). Questions regarding accommodation needs in general (including availability of Committee materials in alternative formats) may be directed to the Committee as noted above.

Note: All Committee advisories are available [here].

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The subcommittee met, pursuant to call, at 10:01 a.m. in 1100 Longworth House Office Building, Hon. Danny K. Davis [chairman of the subcommittee] presiding.

*Chairman Davis. Good morning, and welcome to the Worker and Family Support subcommittee.

We are holding today's hearing in a hybrid format, in compliance with the rules and regulations for remote committee proceedings, pursuant to House Resolution VIII.

Before we begin, I want to remind members of a few procedures to keep these proceedings running smoothly.

First, consistent with regulations, the committee will keep microphones muted to limit background noise. Members are responsible for unmuting themselves when they seek recognition, or when recognized for their five minutes. Committee staff will mute members only in the event of inadvertent background noise.

In addition, when members are present in the proceedings via Webex, they must have their cameras on. If you need to step away to attend another proceeding, please turn your camera and audio off, rather than logging out of the platform.

Now I will turn to the topic of today's hearing, Improving Family Outcomes Through Home Visiting. Home visiting is a powerful tool to help young children and families thrive.

I introduced my first bipartisan home visiting bill nearly two decades ago, and I am a strong supporter of the Maternal, Infant, and Early Childhood Home Visiting Program, or MIECHV, which was enacted in 2009 and reauthorized with bipartisan support in 2018.

I look forward to working with the subcommittee's ranking member, Congresswoman Jackie Walorski, to reauthorize MIECHV again this year, and build on its success. Congresswoman Walorski also has been deeply engaged in supporting home

visiting, and I was grateful when she visited with home visiting programs in my district in Chicago several years ago.

Home visiting works because parents want what is best for their children. But sometimes we all can use a little help, and that is what home visitors provide. Whether it is making sure that moms get good prenatal care, tracking developmental milestones, spotting postpartum depression, teaching parenting skills, or connecting families with services that put food on the table or a roof over their heads, we know from decades of rigorous research that the specific approaches to home visiting that MIECHV funds reduce maternal mortality and morbidity, improve infant and child health, improve school readiness, decrease incidences of child neglect, and promote family well-being and stability.

We further know that it is important to match the right home visiting approach to communities and families. That is why MIECHV offers states and territories a choice of proven models, as well as the opportunity to test new approaches to better meet local needs.

The Federal Government did not invent home visiting. My home state of Illinois has invested in home visiting for 30 years, and we are not alone. But since its enactment in 2009, MIECHV has played a vital role in strengthening state and local efforts. When MIECHV began, seven home visiting models met the gold standard of proven effectiveness that the law requires. Today those original models have built on their strong foundations to tailor services to different populations, including tribal nations, expectant and parenting foster youth, incarcerated parents, fathers, and homeless parents. Now 12 more research-tested models appear on the gold standard list, giving even more options for families.

MIECHV home visiting works. Unfortunately, MIECHV serves just a tiny fraction of the families who could benefit: only an estimated three to five percent of eligible families before the pandemic.

As we reauthorize this important program, our first job is to provide steady, guaranteed support, so we don't lose any of the successes we have.

I also hope we will build on our past success to help even more families, while retaining the talented home visiting workforce, continuing to tailor home visiting to the needs of specific families and communities, and maintaining our high standard of proven effectiveness.

Frederick Douglass said it is easier to build strong children than to repair broken men. That is the opportunity we have as we reauthorize MIECHV. And with that, I will recognize the ranking member, Mrs. Walorski, for her opening statement.

*Mrs. Walorski. Thanks so much, Chairman Davis, for holding today's hearing on improving family outcomes through home visiting.

Today we are here to discuss the Maternal, Infant, and Early Childhood Home Visiting program known as MIECHV, which helps support state and local efforts to provide evidence-based outcomes focused on home visiting services to at-risk parents and children.

Last year alone, home visitors helped more than 2,000 Hoosier families. I represent three of those nine counties in Indiana eligible for MIECHV services provided by either Nurse-Family Partnerships or Healthy Families Indiana.

MIECHV is a program that gets results. This program builds upon decades of research that proves home visits by a nurse, social worker, or other trained professional during pregnancy and in the first year of a child's life helps prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness.

Federal funding for home visiting was introduced in 2008, after Congress agreed to fund President George W. Bush's proposal to test the approach and measure the outcomes. Ways and Means Republicans led the effort to fully reauthorize the MIECHV program in 2018 to continue these efforts, and the program is now up for reauthorization again this year.

What makes MIECHV unique is that funding is tied to evidence. Most Federal programs operate in a black box. Less than $1 out of every $100 the government spends is backed up by even the most basic evidence that the money is being spent wisely. Unlike most Federal social welfare programs, we know the outcomes taxpayers can expect from our investments in MIECHV. This program serves as a model for how other programs for low-income families should be funded.

For a home visiting model to earn taxpayer support, an evaluation must prove the program has demonstrated significant positive outcomes, such as preventing child abuse and neglect, improving maternal and child health, and improving economic independence. I have witnessed these positive outcomes firsthand in my district.

Last year I had a chance to visit the Family and Children's Center in South Bend. I have also had an opportunity to visit with Goodwill of Michiana's Excel Center program, which has paired nurse-family partnerships with education programs, and it has delivered results.

Mr. Chairman, I ask unanimous consent to enter into the record a collective impact study from the Wilson Sheehan Lab for Economic Opportunities, or the LEO lab at Notre Dame regarding nurse-family partnership and the Excel Center.

*Chairman Davis. Without objection.

[The information follows:]

*Mrs. Walorski. Thank you. This study shows that, by pairing the nurse-family partnership with additional educational and workforce training resources, we can make great strides to increase the economic independence of families.

Connecting families in need with compassionate, human support is proven to uplift families and change lives. As we turn to reauthorization, Republican priorities include providing a full, five-year reauthorization to give states and implementing organizations the certainty they need to conduct long-term planning. We aim to raise awareness of MIECHV's high-quality outcomes to promote this time-tested program, and we must apply lessons learned during the pandemic, specifically from the success of remote visits that grew efficiency, while preserving the positive outcomes we expect from this evidence-based model.

There are very few Federal social programs that have been evaluated to determine if they are working, and almost none have conditioned funding on evidence of effectiveness. When we spend limited taxpayer dollars to help those in need, we must ensure we are investing in programs that deliver results.

I look forward to working with the chairman on a bipartisan basis to reauthorize MIECHV so we can deliver for our American families. With that, Mr. Chairman, I yield back.

*Chairman Davis. Thank you, Mrs. Walorski.

And without objection, all members' opening statements will be made a part of the record.

We have a distinguished panel of witnesses here with us today to discuss home visiting and the MIECHV program.

First, I would like to welcome Mr. Steven Pascal, director of home visiting at the Children's Trust, which operates home visiting programs in Massachusetts, and a member of the Association of State and Tribal Home Visiting Initiatives. Mr. Pascal is joining us virtually from Boston, Massachusetts.

Next is Ms. Myia Smith, a Healthy Families America family support specialist at the Henry Booth House, which provides home visiting services and other support to families in my congressional district in Chicago, Illinois. Ms. Smith is here with us in our hearing room in Washington, D.C.

Third, Ms. Erica Beck is a mother participating in the Healthy Families America program at the Henry Booth House. And I am honored to have Ms. Beck join us in our hearing room in Washington, D.C., and I also want to welcome her husband, Louis, who is not testifying, but is here to support her today.

Next, we have Ms. Angella Dancer, senior director of home visitation services with the Choctaw Nation of Oklahoma, which is a tribal MIECHV grantee. Ms. Dancer is participating virtually.

Finally, I will turn to Ranking Member Walorski to introduce our last witness.

*Mrs. Walorski. Thank you, Mr. Chairman. I appreciate the opportunity to introduce our witness, Debie Coble, the president and CEO of Goodwill of Michiana.

Ms. Coble, thank you so much for being here today. It is great to see some of our witnesses actually here in person.

Again, it is great to see all of you.

Ms. Coble has done tremendous work to help Hoosiers in my district. I have witnessed firsthand her efforts to overcome challenges and meet needs in our community, whether she is supporting adults earning a high school diploma or industry certificate, or providing home visiting services to new and expectant moms.

Ms. Coble began her career with Goodwill in 1990 as a store manager, and rose within that organization rapidly. In 1996 she became the vice president of workforce development services, and in 2013 she took the helm as president and CEO.

Under Debie's leadership, Goodwill Industries of Michiana has added several new programs, including Nurse-Family Partnership, Excel Center High Schools, Group Violence Initiative, Senior Community Employment Services, Workforce Investment Opportunity Act, as well as retail customer services training.

Ms. Coble, thank you for joining us today. We look forward to learning from your experience.

Thank you, Mr. Chairman.

*Chairman Davis. Thank you, Mrs. Walorski.

Each of your statements will be made a part of the record in its entirety. However, I would ask that you summarize your testimony in five minutes or less. Please pay attention to the timers, so you can find -- either on the virtual platform or here in the hearing room.

Mr. Pascal, would you please begin?

STATEMENT OF STEVEN PASCAL, DIRECTOR OF HOME VISITING, THE CHILDREN'S TRUST, BOSTON, MASSACHUSETTS

*Mr. Pascal. Thank you, Chairman Davis, Ranking Member Walorski, and members of the committee for inviting me to testify today. I am the director of newborn home visiting at the Children's Trust of Massachusetts. We help administer the MIECHV grant by overseeing Healthy Families Massachusetts, or HFM.

I hope, by sharing with you our work, this committee will reauthorize funding for the MIECHV program and place home visiting on a more solid foundation for years to come.

Since 1997, HFM has provided services in all of our 351 cities and towns. The voluntary program provides coaching to first-time expectant mothers and fathers, from pregnancy until their child's third birthday. Visits are focused on supporting successful birth outcomes, helping parents recognize and understand developmental milestones and age-appropriate behaviors, and connecting families to resources within their community.

MIECHV plays a unique and vital role in our early childhood system. It allows us to serve more children and families, while supporting quality improvement initiatives, data collection and analysis, ongoing research, and training and professional development. In 2021 MIECHV provided funding for 3,576 children and families.

One of the strengths of MIECHV is its flexibility and focus on local communities. Models such as Healthy Families focuses on the prevention of child abuse and neglect; others, health outcomes or school readiness. But for a family, the best model is the one that responds to the family's immediate needs, can be implemented effectively in the community where they live, and is available when families are ready to participate. Ideally, all communities should be able to offer more than one approach to home visiting,

so that families can be matched to the model that best meets their needs. However, as long as home visiting reaches an estimated 3 to 5 percent of families who are eligible, that goal is a long way off.

If you take one message away from this hearing, I hope it will be this: home visiting works. In 2008 we conducted a longitudinal, randomized control study of our program. Fifteen years later, we continue to see the positive impacts of home visiting. Mothers who participated saw a 32 percent reduction in subsequent reports of child abuse and neglect; lower risky behaviors, including decreased use of alcohol and drugs; healthier co-parenting relationships that actively involve fathers; increased educational achievement and employment; and reduced homelessness and dependance on cash assistance. These findings highlight the impact home visiting makes preparing children socially, emotionally, physically, and cognitively for educational success, helping them overcome socioeconomic challenges that contribute to the achievement gap.

The COVID pandemic also highlighted how critical home visiting services are. When many social services suspended operations, home visitors pivoted to virtual visits. We worked hard to get staff and families devices and connectivity. While home visitors delivered curriculum via phones and tablets, they also dropped off food, PPE, cleaning supplies, and diapers. Staying connected to families, decreasing their isolation, and screening for depression helped keep children safe.

We know remote visits give flexibility to meet, despite storms, distance, and illness. They allow co-parents, particularly fathers, the ability to participate. However, they also have drawbacks. It is easier to understand family resources and needs when you meet with them in their home. Screening for intimate partner violence is challenging when you can't see who is in the room. But face to face or remote, home visiting will continue to connect with families.

Virtual visits is not the only pandemic outcome. Programs has experienced staffing shortages like much of the nation. We are in jeopardy of losing a significant number of our staff to jobs with lower requirements and higher salaries. When home visitors can make as much working at Walmart as they do working with families, it is difficult to maintain our trained and skilled workforce.

Part of this challenge is that MIECHV has been flat-funded at 400 million for about a decade, if you don't consider sequestration cuts. Initially as costs rose, we cut where we could to protect family services. However, after 10 years of rising costs and shrinking budgets, many states have been forced to reduce the number of families served. Without a funding increase, MIECHV's role will be diminished, and the number of families enrolled will be cut further.

I could say more, but time is short. If you have never gone on a home visit or met with families and home visitors, I hope you will. You will be moved by the amazing work of home visitors partnering with parents to make lives better for children.

Thank you again for the opportunity to speak with you today. Home visiting works. With your help, it can work even better for even more families and communities. Please support timely reauthorization of an expanded MIECHV. I thank you, and would be happy to answer any questions.

*Chairman Davis. Thank you, Mr. Pascal.

And now, Ms. Smith, would you please begin?

STATEMENT OF MYIA SMITH, HEALTHY FAMILIES AMERICA FAMILY SUPPORT SPECIALIST, HENRY BOOTH HOUSE, CHICAGO, ILLINOIS

*Ms. Smith. Good morning, Chairman Davis, Ranking Member, and members of the subcommittee. I am Myia Smith, a Family Support Specialist with the Healthy Families America Program at Henry Booth House in Chicago, Illinois, located in your district, Chairman Davis. Thank you for the opportunity to appear before you and share my experience with working with parents and children in my community.

Over the last 124 years, Henry Booth House has provided comprehensive and integrated early childhood education, health, and social services to children and families across Chicago communities.

My position is 100 percent MIECHV funded. I have been a Family Support Specialist for the last three years with the HFA program at Henry Booth House. My goal is to be caring, present, and responsive with families.

During home visits, we work with parents and caregivers on what is most important to them and their family. During our home visits we do regular screenings with children. We work with parents to be sure they make their doctor's appointments, whether prenatal or well-child visits. With parents, we use a life scale progression assessment, and a parent survey, and a screen for maternal depression. As we see needs arise, we make referrals for mental health, housing, employment, and education specialists. I always follow up with the families to be sure they have been able to access the resource.

Some of the diverse population that HFA programs work with include youth in foster care, pregnant and parenting youth, fathers, first-time parents, child welfare-involved

parents, and incarcerated parents.

I love supporting parents and helping them get their children ready to start school, finish their own education, and set and achieve their own goals.

Many parents don't know about home visiting to become involved. Personally, I have worked with a lot of first-time moms and young moms that are under the age of 21.

One of the first moms I worked with was 16 at the time, and her attitude wasn't great, as she was under stress. I worked with her over the years, gave her strategies for supporting her baby, and for when she is frustrated. She is doing well now. The baby is about to turn three, and mom has graduated from high school.

Another first-time mom I worked with was about 19 or 20, and had her baby early. While the baby was in the hospital for three months, the mom lost her job and was homeless. She didn't have much support, and was feeling hopeless. I started working with her, and she found a place to live and got rental assistance. She moved in just a couple of weeks before the baby came home. She is still there, has two jobs, and wants to go back to school for nursing.

I would like to tell you about Erica, who I met at the WIC office. I asked her how she was feeling, and if she was excited for the new baby. She had a lot going on, and didn't have support from family that she wanted and needed. I gave her a hug. It is all about building trust and relationships. Erica opened up right away. It usually takes three to four visits to build that kind of trust and have parents open up and talk. Louis, dad, was very engaged right away, too, and agreed that the program was a good thing. Before her son was born, I met with Erica every other week. After Calais was born, we had a visit every other week. And now, based on all the family's progress, it is every month. We immediately started setting goals for both mom and baby. Erica started achieving them, and still is. But I will let her tell you about that.

I tell every mom I need to take advantage of these programs because you never know when they will take it away. A lot of moms don't know about setting goals, or don't know about different strategies to use so they won't get frustrated with their babies. During COVID, a lot of parents were home all the time with their kids, and it became overwhelming and stressful. A lot of child welfare cases involved parents that don't have strategies to know how to deal with their babies, and that is why home visiting is important.

I am helping families through their challenges, while also helping them strengthen relationships with their children. HFA helps parents and families by offering critical support when it is most needed. I love what I do. To see them be successful lets me know I am doing my job right.

I know the research shows HFA has an amazing outcome for its families, and I know for sure that it is true, based on my own experience. Our program produces real results in the lives of children and families, and I am proud of the work I do. Thank you.

*Chairman Davis. Thank you. Thank you, Ms. Smith. Thank you very much.

And, Ms. Beck, would you now please begin?

STATEMENT OF ERICA BECK, HEALTHY FAMILIES AMERICA PROGRAM PARTICIPANT, HENRY BOOTH HOUSE, CHICAGO, ILLINOIS

*Ms. Beck. Good morning, Chairman Davis, Ranking Member, and members of the subcommittee. I am Erica Beck, a parent participant with the Healthy Families America program at the Henry Booth House. I am honored to share my story with you today.

I have been participating in the Healthy Families America program for the past three years, with my youngest son, Calais. My husband, Louis, who is with me here today, is also a big fan of the program. He wants a dad's group to connect with other fathers.

I met Myia one day while in the WIC office, when I was pregnant with Calais. Myia came up to me and introduced herself. She asked me how I was doing in my pregnancy, and we talked. She then told me about the program. At first I thought "this is just another program". But then she explained how it works. She encouraged me to try it, and she said that I would be able to leave at any time if I wanted to. I wasn't sure, but I got something from Myia that just made me feel comfortable. Plus, she was from my community, my high school.

When I told Louis, he was hesitant, he wondered why we would let someone we didn't know into our house. But once Myia came to visit us, I could see the benefit of the program. Louis agreed, and wanted us to be involved.

The first visit with Myia was a couple of months before I gave birth. I had a difficult birth with preeclampsia, and was in the hospital for a week. Myia called and

came by to check on me. I don't have many people that supports me, so it means a lot to have someone to rely on.

This program has supported me and my family in so many ways. Myia comes to my home and meets with me regularly. She gives me structure. At the beginning, Myia asked me to think about a family goal plan. Some of the goals I have set was to lose weight and go back to school. There was a local home ownership program that we wanted to enroll in. Myia is helping me look for a good, safe neighborhood, and helping us with money management to save for a downpayment. She helped me put steps in place to achieve my goals. Now she has me stay on track or get back on track.

Myia helps me with Calais. She provides me with a breast pump after he was bom. If it wasn't for Myia, I wouldn't have breast-fed him. She makes -- she helps make sure he is on track to get his well visit -- child -- well-child visits. She does the Ages and Stages developmental questionnaire with him, and I take it to his doctor to show him the progress he has made.

Calais even walked at nine months. He is almost three now, and recently moved into a higher class in his preschool because he was so advanced, and he just was Student of the Month. She is helping our kids do better in school because we are boosting their education needs at home, not just at school.

Myia also helped us through tough times when Calais was younger. Around six months old one of his kidneys wasn't working well. Like any mom, I thought I had done something wrong. Myia had me understand that I hadn't, and that, working with the doctor, Calais would be fine. She had me focused on getting him better.

Myia helped us with things in our everyday life. She made sure I didn't miss WIC appointments after Calais was born. She brought diapers when we were working less during COVID. I was sad that she couldn't visit, but she continued to support us through

text, phone, and video.

A few things that stand out about the Healthy Families America program really works for me. Myia scheduled things that fit around our work schedule. I work at the United States Postal Service, and it is important to be flexible if you want parents to keep working and participate in the program.

She involves my whole family. Myia works with me and my youngest, but she also built a relationship with Louis and my other kids. She let Louis know how he could support me and how he can help the kids with their development. I think every program should involve the whole family.

When I think about this program and what it has done for me and my family, Calais is child number five, but we still learned a lot of things that we never knew. It really is about the education you get from the program.

I also think it is important that Myia says, "I am proud of you. I am proud of the kids.'' Not everyone has family that does that for them. She makes me feel loved because a lot of the time they don't have that. Myia and all the home visiting team at Henry Booth are encouraging us.

I would tell any parent thinking about Healthy Families America to try it.

Home visiting changed our lives forever and for the better because of Myia. She is helping me and Louis help our kids succeed. For parents, moms, or dads that want and need this kind of support, it should be there for them. In the end, it is about the education and the support that people like Myia provide. That is what changes everything.

*Chairman Davis. Thank you. Thank you very much, Ms. Beck.

And now, Ms. Dancer, would you begin?

STATEMENT OF ANGELLA DANCER, SENIOR DIRECTOR, HOME VISITATION SERVICES, CHOCTAW NATION

*Ms. Dancer. Thank you, Chairman Davis and Ranking Member Walorski, as well as the members for the Family and Work (sic) -- Work and Family Support Ways and Means Subcommittee, for the opportunity to testify.

My name is Angella Dancer. I am the senior director of home visitation services for the Choctaw Nation of Oklahoma, a federally-recognized tribal government with a tribal reservation consisting of 13 counties in rural southeast Oklahoma.

The Choctaw Nation has more than 205,000 tribal members, and it is the third largest tribe in the United States.

The home visitation programs I oversee within our tribal nation strives to improve family outcomes for Native American families with young childrens within our communities through educating caregivers on a wide range of subjects including child health, family well-being, educational attainment, and poverty. I have been employed of the Choctaw Nation for over 25 years.

Early in my career I was employed by the nation's children and family services, where I worked with families that were within the tribal child welfare system. My most dreaded and heartbreaking task was having to remove tribal children from their homes and families due to the homes being unsafe or unmet (sic). I began to see an overwhelming need for services that could break the cycle of child abuse and poverty before these problems became compounded.

In 2010, the Choctaw Nation received our first tribal MIECHV grant under the

Department of Health and Human Services. Under MIECHV funding, the Choctaw Nation has provided home visitation services for over 600 tribal families.

Family knowledge of Choctaw culture ranges from highly traditional families to little to no knowledge of Choctaw culture. Choctaw Nation is in a state of cultural awakening, a revitalization, and the Parents As Teacher curriculum has allowed us to provide cultural lessons and adaptations to meet the needs of each individual family through home visits, as well as group connections.

Our population suffers from an immense generational trauma stemming from the loss of our tribal ancestors during the forcible removal of the Choctaw Nation from our homelands in the southeast United States to Oklahoma, which continued with the removal of our tribal children from their homes during the boarding school era. Our people have suffered a devastating loss of basic child rearing practices.

The success of the tribal MIECHV approach is evidence. Here are the stories of two families that have benefited from the tribal MIECHV.

Chelsea was just a teenager when she enrolled in home visitations services. After giving birth to her son, she continued to meet with her home visitor each month. Through child development assessments we noticed her son was not quite on task for his age. Chelsea was encouraged to take the results of the screening to her pediatrician. After meeting with the pediatrician, her son was diagnosed with Phelan-McDermid Syndrome. Because of the early diagnosis, the prognosis for him is good. Chelsea would not have known there was any reason for concern until much later, if it had not been for the MIECHV program.

Another client, Hallie, was 18 years old, pregnant when she first enrolled in home visiting. She and her boyfriend were living in their car at the time. Her home visitor worked with the family to find housing, to locate resources for deposits, and to provide for

essentials. Today Hallie, her two-year-old daughter, and her boyfriend have an apartment, are gainfully employed, and are expecting their second child. This family has broken the cycle of poverty with the assistance of the MIECHV program.

The Choctaw Nation shares many socioeconomic challenges with other tribes: generational trauma, extreme levels of poverty, unemployment, low educational attainment, to name a few. Therefore, competing for funding against our brothers and sisters from other tribes does not seem to be justice, as all of our families can benefit from home visiting. Given the proven success of this program, non-competitive, reliable funding would contribute greatly to the tribes' ability to plan and sustain the programs in our communities. Increasing the tribal set-aside in MIECHV is an important policy change that will further the social justice and equity aims of the program.

Yakoke, thank you again for the opportunity to testify on this important program and what it means for our Choctaw families.

*Chairman Davis. Thank you, Ms. Dancer.

Ms. Coble, would you now begin?

STATEMENT OF DEBIE COBLE, PRESIDENT AND CEO, GOODWILL INDUSTRIES OF MICHIANA, INC., SOUTH BEND, INDIANA

*Ms. Coble. Good morning, Chairman Davis, Ranking Member Walorski, and members of the subcommittee. Thank you for this opportunity to testify about improving family outcomes through evidence-based home visiting.

My name is Debie Coble, and I am president and CEO of Goodwill Industries of Michiana, headquartered in South Bend, Indiana. We are a member of Goodwill Industries International, and our service territory includes 20 counties in northern Indiana, southwest Michigan, and eastern Illinois. Our mission is to strengthen communities by empowering individuals and families through education, training, and job placement.

In 2017 we were invited to work with the Goodwill of Central and Southern Indiana to bring Nurse-Family Partnership to our area. While this was a new avenue for us, I knew it would serve a large, unmet need in our community.

Nurse-Family Partnership is an evidence-based, voluntary home visiting program that provides first-time moms with trusted support from registered nurses to build their lives that they want for themselves and their children. Nurses partner with expectant moms early in pregnancy, and provide regular visits through the child's second birthday.

There are three primary goals: one, improving pregnancy outcomes; improve the health and development; and improve the economic self-sufficiency of the family. Nurse-Family Partnership has 45 years of research showing significant improvement in the lives and health of the first-time moms and their children affected by social and economic inequality and other factors.

The focus on social determinants of health and supporting a greater economic mobility was a perfect match for Goodwill and the many other services that we provide. We knew that when we brought Nurse-Family Partnership into Goodwill, we could expect great things to happen. Currently, we offer Nurse-Family Partnership services in 4 counties, and we have served over 500 families last year. Three of our four sites are funded through the Maternal, Infant, Early Childhood, and Home Visiting Program (sic). We have 16 registered nurses providing visits to families in urban and rural areas. Today we are funded at capacity, and could benefit from additional funding to serve more families in our community.

During the pandemic, our nurses didn't miss a beat. Our number of enrollments continued to grow, and the families found a great resource to be able to connect with the nurses through technology and telehealth visits. Goodwill has added doulas to the complement of services that nurse home visitors bring, and to help facilitate a better birthing experience.

We have also opened a diaper bank in South Bend, and will be opening another one in northwest Indiana to serve the community.

We have also secured additional grants to provide mental health services to our moms and our nurses, especially during the pandemic.

Goodwill provides the Excel Centers, as has been mentioned. This unique, tuition-free adult charter high school has awarded industry-recognized certifications and high school diplomas to our adult learners. The Excel Centers supports the whole student, and are designed to meet the students where they are at. We often refer students to the Nurse-Family Partnership Program, and moms are often referred to the Excel Center. And we have seen great results.

The funding from MIECHV serves as a hub of the services that we have been able

to provide our first-time moms. Our services and support provide our moms, babies, and their families a greater opportunity to grow and develop so that they are able to thrive. What has developed is a great example of public and private dollars coming together to support the success of our families, who face major barriers to accessing resources and supports that they need.

Nurse-Family Partnership also provides significant cost savings to society and government funders through savings to programs including Medicaid, SNAP, and TANF. This upstream intervention has a strong return on investment.

The services of Nurse-Family Partnership have been well received in our community. We operate at near capacity, and have exceeded it at times. We have recently worked with a young mom by the name of Daisy. She is currently enrolled in Nurse-Family Partnership. And at the end of February she walked across the stage and received her high school diploma through the Excel Center. During that time she wanted to work in our Kids Excel, which does require a high school diploma. So she immediately applied for that position upon graduation. She was the first family member to graduate from high school, and her son, Xavier, is a happy, healthy 10-month-old little boy.

One of the critical supports that Daisy received while attending the Excel Center was child care. While she was in class, Xavier was in Kids Excel, where he received high-quality early care and education. Upon graduation from school, Daisy applied for and, as I said, is working there.

As Congress works to reauthorize MIECHV, I respectfully urge a timely reauthorization that provides additional funding to grow this proven, evidence-based program.

Thank you for the opportunity to share our experience. We are grateful for the support of the entire subcommittee, and look forward to a successful reauthorization.

*Chairman Davis. Thank you. Thank you, Ms. Coble.

We will now proceed under the five-minute rule with questions for our witnesses. I will begin by recognizing myself.

Ms. Beck, let me thank you so much for traveling to Washington to tell us your story and to answer questions about home visiting. In your testimony you said that enrolling in the Healthy Families program was a family decision that you and your husband made together. And clearly, he is a loving husband and father.

Can you tell us more about Ms. Smith and the Healthy Families, and how they have involved your husband, and helped him support you?

*Ms. Beck. So the Health Families American program have helped me and support me and, basically, like, focusing on how my child emotional and growth would be during the process, because the last time I had a child, he was 17 -- he is 17 years old. So everything is different now. So it is like different things, every child needs something different.

So to help me, the classes they had supported me in how to not just help him how to eat well, but the whole family, and how the other kids can help being bigger and better with supporting me. She spoke with Dad about how he can help and support me when it comes to breast-feeding. And that is how everything went.

*Chairman Davis. Well, thank you. Thank you very much.

Ms. Smith, let me thank you for being here, helping us build strong families back home in Chicago. I know that you started out as a child care worker, which is also vital work. Can you tell us a bit more about what made you shift to home visiting?

*Ms. Smith. Yes. I wanted to help families outside of the classroom. I wanted to be more of a support, not just in the classroom, because once they leave the classroom, it is like, okay, I will see you tomorrow. But I wanted to do more in my community and for

the families.

*Chairman Davis. Well, thank you. Thank you.

Mr. Pascal, let me ask you. I know that Massachusetts is a progressive state, like my home state of Illinois, and has been in the home visiting business a long time. Can you tell us more about how the Federal MIECHV program improves home visiting quality and access, even in states that were investing state dollars before, and what additional investments might mean for at-risk families?

*Mr. Pascal. Certainly. In Massachusetts, when MIECHV was first introduced, it really allowed our home visiting programs to expand services to more eligible families. And so, just in terms of being able to reach out to more families in need in our community, it was instrumental.

But I think what MIECHV has done since, it has helped align the implementation of home visiting across models. And so, as you mentioned in your opening statement, we have close to 20 evidence-based home visiting models now across the nation. And so, with MIECHV's authorization, it helped align home visiting in terms of focusing on certain outcomes as they relate to parents and children, and then also ensuring that home visiting was reaching the neediest families.

So requirements of things such as the needs assessment help each state really analyze and see where they were serving the families, and whether or not they were reaching all of the families that they needed to reach.

And also, as a result -- Ranking Member Walorski alluded to the amount of research that has gone into home visiting. I can testify, as well, having worked in social services my entire career. I have been in home visiting for 14 years, and I have not worked in another area of social services that has had as much rigorous evaluation on a continual basis as home visiting, with the evidence to prove the results.

*Chairman Davis. Well, thank you. Thank you very much. And thank all of you for your participation and, certainly, for your answers.

And now I would like to recognize the ranking member for five minutes.

*Mrs. Walorski. Thank you, Mr. Chairman.

Well, ladies from Chicago, you are rocking it. I can't tell you how important what you had to say will be to ladies around the country that find themselves in need and are vulnerable. So I thank you so much for what you have done, and how you have shared your story today.

I have a couple of questions, Ms. Coble. Number one, in your testimony you discussed your client, Daisy, her experience receiving Nurse-Family Partnership services, and graduating from the Excel Center. She is now employed, providing child care at Kids Excel Center, and is working toward her high school certification. Daisy's example demonstrates the importance of working through home visiting to achieve long-term success.

Can you just kind of share the importance of connecting the Nurse-Family Partnership recipients with other services, like workforce development and skills training?

*Ms. Coble. Absolutely. When you are able to combine multiple services, you are able to provide such a wraparound for not only the mom, but the entire family. And so, as she is going on in her journey, she has multiple resources to be able to plug into, so that she can get the skills that she needs so that she will no longer be dependent upon governmental assistance, if that is the case. She has a resource. She has mentors. She has individuals that are there on her side, cheering her, so that she gains the confidence, and she gains the skills.

And we know that there is an 82 percent increase in workforce by our NFP moms. And that is absolutely incredible, and needed for our families.

*Mrs. Walorski. That is awesome. We also know that MIECHV does great work and delivers the outcomes we want to increase families' economic self-sufficiency, improve prenatal health and birth outcomes, and prevent child abuse and neglect. How has the shift to remote and virtual home visits impacted that model?

And then how have you maintained the evidence-based standards under the Nurse-Family Partnership model when delivering services virtually?

*Ms. Coble. So if I can take this opportunity to brag on our nurses --

*Mrs. Walorski. You bet.

*Ms. Coble. -- they did an incredible job. We had just implemented the program in October of 2019. So in less than six months they had to switch to virtual, because everything changed. But what we found was actually a greater connection with our moms. Our enrollments continue to go up. Families were wanting the service, and the nurses stayed connected with the moms.

And so, from that aspect -- there are some things that are easier done in person, I have to admit that. When we are doing the assessments for domestic abuse, when we are doing the home visits to ensure that the home is ready for the child, those are kinds of things that really do better in person. But we know that it is going to be important to continue to keep that connection through technology with our moms as we move forward.

*Mrs. Walorski. And Ms. Beck, you mentioned your first conversation with Myia, and you were thinking, oh, it is another program. You know, I might look at it, I might not. What was it about that human connection with Ms. Smith?

You know, we have done a lot of research here. We have looked at a lot of ways that we, as a Congress, can actually do things that are positive. And I am convinced that it is that human-to-human -- I am convinced it is because some human being is standing there and reaching out. Can you talk about that a little bit?

*Ms. Beck. So when Myia came up to me, our conversation about the program, she let me know that it would be in my terms, at my home, where I feel comfortable. So that gave me a thought, like, okay, I don't have to meet her here or there. I don't have to try to be able to meet her. Or when I would be able to schedule something, she will come to me whenever I needed her to or wanted her to, if she had the time.

So that made me feel more comfortable with participating in the program, because there are a lot of programs where you have to come to them, and make an appointment. With her it was just a, "Call me if you need me, and I can help you through things.''

*Mrs. Walorski. You know, I am just -- and thanks to all of our witnesses today, virtual and those that are here. I am so convinced that your stories, all of you -- Ms. Coble, as well, because I have seen it play out at home -- why it is so important that we connect human beings to human beings, and we don't let this interaction of -- with maternal mothers, with, you know, decreasing child abuse and those kinds of things, why we leave it up to pamphlets and things that, you know, that really may play a part, but they don't work like when we care for each other, and we are actually interested, and then the kind of tangible results that we are all talking about.

So I want to thank all of you witnesses for all the information you have provided, how key important it is for this country. And thanks for making the trip or virtually, as well.

Thanks, Mr. Chairman. I yield back.

*Chairman Davis. Thank you very much. The gentlelady's time has expired. And the chair is now pleased to recognize for five minutes the gentlelady from Milwaukee, Wisconsin, Representative Gwen Moore.

*Ms. Moore. Thank you so very, very much, Mr. Chairman and Ranking Member Walorski, for bringing us together for this extremely, extremely important hearing under

our jurisdiction.

I -- you know, there is no -- my daughter is at work, so there is no risk she is going to hear me tell her age once again.

[Laughter.]

*Ms. Moore. But 52 years ago, when she was born, I had no idea how to put a diaper on a baby. I was only 18. And a visiting nurse came to show me how to put a diaper on.

Fast forward. When I had two other kids, we literally had the agency come in and sort of watch us with our routine, and sort of give me some advice about how to make the things flow. That is when I developed the -- you know, if dinner is not on the table by 6:00 p.m., it just ruins the rest of the night and the next morning. I learned a lot from that feedback.

One of the things that I have noted from looking at the programs -- the brand-new programs, so I appreciate the fact that we are, you know, insistent on models, a models-based approach, and making sure that, you know, it is examined over and over again.

But I guess I am wondering, in the case of, like, Ms. Beck's family, you know, where there is a newborn baby involved, and then there are older children involved, only -- there is only funding for three to five percent of eligible people. And this -- these kinds of families that might have an array of needs, not just, you know, an infant, or -- that cost more money. And if you are going to be dealing with teenagers who are troubled teenagers, that is going to cost more.

And I guess I should ask Steven or -- and Ms. Smith if you can comment on that.

And then, when you are done, I want to hear a little bit from you, Ms. Coble, about how you have used doulas in your program.

Can you start it out, Steven, and then Ms. Smith? And I will yield to you for your

answers.

*Mr. Pascal. Yes, Ms. Moore. I think you have articulated a challenge that home visiting programs face nationally, as it relates to the availability of different models.

Specifically in Massachusetts, when MIECHV was first introduced, Healthy Families was the only program that operated in all of our 351 cities and towns. But with MIECHV, we were able to expand home visiting, and introduce Parents As Teachers.

And so, as a result, with Parents As Teachers being introduced to some of the high-needs communities, it has really been able to supplement enrollment, because our Healthy Families program was only for first-time parents, ages, at the time, 21 and under. But with Parents As Teachers coming on board, they were able to expand that eligibility beyond the number of families we were able to serve, and meet those needs of those families.

And also having another program such as Parents As Teachers available has been helpful, as we transition our current families out of services. Being that we only work with the family until the child turns 3 years old, the Parents As Teachers program can take them all the way up until the child is 72 months. So that has been helpful in ensuring a warm handoff from home visiting program to home visiting program when families feel like they want to continue in services.

*Ms. Moore. Okay. Well, Mr. Pascal, I mean, I -- you know, so I just wonder. We talk about these models. You know, families are more complex.

Ms. Smith, just when you worked with Ms. Beck, it sounds like she had multiple ages in her family. How did you manage that with the resources you had?

*Ms. Smith. So even though she had multiple -- you know, other children in the house, I was able to give her other resources in our community to also assist her with her other children, as well, as with her the little baby, Calais.

And also, just doing our Age and Stages questionnaires. She has another son that

is, I think, five. I would have him do some of the activities that I give Calais, you know, just for a child a little older.

*Ms. Moore. Okay, well, you need more resources.

Oh, Ms. Coble, I want to hear about how you have used doulas.

*Ms. Coble. I am sorry. Can you repeat that?

*Ms. Moore. I want to hear about how you have used doulas in your --

*Ms. Coble. Oh, so, you know, when our moms do not have family support that they need, we actually have a doula that is there on staff, and she works with them and is in the delivery room, providing all that resource for her.

*Ms. Moore. Awesome. And I -- and my time is expired. I yield back, Mr. Chairman.

*Chairman Davis. The chair now recognizes for five minutes the gentleman from Cincinnati, Ohio, Dr. Wenstrup.

*Mr. Wenstrup. Thank you, Mr. Chairman. I appreciate it. Thank you all for being here today. This is something that is near and dear to my heart, and I am glad we are here to talk about MIECHV. You know, this is a program that has had bipartisan support, historically. We have been able to reauthorize it. I am looking forward to another reauthorization of a program that helps so many.

And one of the things that I really appreciate about the program is that it is evidence-based, and it demonstrates significant positive outcomes reducing child abuse, neglect, improving maternal and child health, and improving self-sufficiency. All those things are so key to the success of the program. And it is great to see the successes firsthand here today, but we also see it in our district. It is important to me in my district. So many people benefit from this program.

You know, in my district, for example, Every Child Succeeds has a key partnership

with Cincinnati Children's Hospital. That is a key component. And by offering these services as early as pregnancy, which is key, mothers are -- can be equipped with the skills they need to bring their child up in a positive, nurturing home. And that is what we are after.

And behavioral health resources for the mother are also imperative to the child's success.

But what I really like about the program is it is very focused on preventive health, and what we can do to be proactive, to be out ahead of the game, to get things before they might occur, and the home visits that are conducted by the nurses, mental health clinicians, social workers, other professionals with the training that is needed for that is very key. They are able to identify any risk factors that may exist, and try and curb them, change them.

You know, in America, in health, we often talk about lifespan. Well, we can keep people alive for a long time. And you know, as a physician here, I like to talk more about health span. How do we keep people healthier longer?

You know, even with chronic conditions, how do we keep people as healthy as we possibly can for a longer amount of time, and do it in every way, whether it is, you know, their physical health, but also the mental health, their education, and the ability to be optimistic about your future are all things that are so important for the success of this program. And that is what we see here.

So this program is an example of early detection and upstream interventions that we can make, because with prevention and better outcomes, future opportunities, now, this is what success looks like in the program. And that is what we are talking about, and that is what we are trying to do. And it is so important.

Dr. Davis mentioned something about the broken man, that it is easier to mend the

child sooner. And I agree with that. I was inspired at a young age when I saw the movie about Boys Town and Father Flanagan. And that was the premise there, right? You know, let's get them while they are young, and it is so much easier to have a better outcome.

And I see things, too, like Nationwide Children's Hospital in Columbus, Ohio. They take a per capita rate for Medicaid patients. So that means they are in charge of these kids' health, and this is what they get paid. And how do they make it work? They are proactive. They are out there making sure that kids are being seen, even if they have to go to their home to do it, to prevent things, to make sure they are getting their vaccinations, whatever the case may be. And I think that that is so important. And this program embodies that type of idea, to be out ahead of things, and to make things better.

So Ms. Coble, as a health care provider, I am interested in MIECHV's program and the ability to improve health outcomes for both the mother and the child. Can you walk me through the process, and maybe an example of some of the success that you have had?

*Ms. Coble. Absolutely. So with the amount of involvement that the nurse is having with the mom and with the family, you know, she is seeing her on a regular basis so she can start to detect things when they are looking just a little bit different, or through conversations with the mom. Often times, you know, our moms feel very free to call their nurse if have any questions, and they are encouraged to do so.

And we have had a couple of cases where we have had moms that have had preeclampsia, and we had a nurse that was visiting one of our moms, and took her blood pressure, and it was very high. And so she had her go on to the hospital, and -- where then she was admitted, and it was a successful birth. But had she not had that nurse by her side, the outcome would have probably been very different.

*Mr. Wenstrup. I appreciate that. And I do hear from physicians from time to

time that they weren't familiar with the program. Can we talk about how we might create greater awareness?

*Ms. Coble. Sure. We are trying, I promise you.

*Mr. Wenstrup. I believe you.

*Ms. Coble. We are on social media. We visit WIC, we visit hospitals, we visit doctors' offices. We just continue to beat the drum about the service. And we have a real good referral system in the South Bend area to help with that.

*Mr. Wenstrup. Thank you very much.

*Ms. Coble. Thank you.

*Mr. Wenstrup. I yield back.

*Chairman Davis. The gentleman's time has expired, and the chair is now pleased to welcome to inquire the gentleman from the city of brotherly love, Philadelphia, Representative Evans.

*Mr. Evans. Thank you, Mr. Chairman. I had effectually -- sisterly affection there.

In my congressional district encompassing parts of City of Philadelphia, so far too many young children live in poverty and heading to poor education and health.

Ms. Dancer, I was struck by your story of home visiting clients who were living in her car. It shows us the importance of wraparound services. Can you talk more about how your home visits support homeless clients, and why stability housing -- stable housing is so important to families engaging in home visiting?

*Ms. Dancer. The Choctaw Nation is fortunate to have a wide variety of services to provide our tribal members, including services -- everything from Choctaw housing to emergency services to domestic violence services, victims of crime. So we are blessed in that aspect.

And our home visitors are social workers by nature, so that all of our home visitors are very familiar with those resources, both inside the tribe and that of outside the tribe.

The home visitors are playing an active part with our clients. We work with our families. We provide referrals for our families. We help our clients fill out the applications. We help call behind those applications, and we follow up with those applications. The really goal here is to assist clients in learning to provide for themselves, not simply providing for them. So we are really instilling the skill of them learning how we are doing this, and encouraging them to actually take the active role.

As far as stable housing, stable housing is important to all families, but especially if a baby is on the way. In addition to logistical benefits of having a stable house for the purpose of applications -- because we can't fill out applications unless we have a physical address -- there are also mental and emotional aspects to having a house for the overall wellness, not only for the caregiver, but for the child. As -- we can't expect our families to begin to work on the different issues, or our children to get school readiness without the basic needs being met, and the first and foremost is housing.

With the Parents As Teacher curriculum, they actually offer a social well-being topic at every home visit. So basic needs are talked about at every visit. Thank you.

*Mr. Evans. Mr. Pascal, can you elaborate on the benefits of virtual visits as another way to reach families and help deliver services?

*Mr. Pascal. Absolutely. As I mentioned in my testimony, the ability to meet with families despite inclement weather, illness, or just geographical distances has changed the game, as -- as you know, colloquially, as it relates to home visiting. It has provided another tool in our toolbox when we are not able to meet with families one on one.

And even during the COVID pandemic, we noticed that it allowed us to engage with more fathers, as well. Programs describe the fact that, you know, fathers that would

be at work or not available due to scheduling issues were now available, and they were able to engage with those dads, and work with those families. And dads could understand the importance that they play in the role of their child's long-term development across so many different outcome measures, and then also engage in just activities that would allow them to, as a family unit, to create a better home environment, even during the midst of a pandemic.

And so virtual visits moving forward is something that we are trying to examine. How do we incorporate virtual visits while still maintaining in-person connection with families?

So -- but as mentioned, there are some challenges with virtual visits as it relates to intimate partner violence screens or, you know, other things. But we feel that, you know, virtual visits are probably here to stay.

*Mr. Evans. Thank you, Mr. Chairman. I yield back the balance of my time.

*Chairman Davis. Thank you, Mr. Evans. And the chair is now pleased to recognize for five minutes Mr. Hern.

*Mr. Hern. I would like to thank the chairman and the ranking member for hosting this hearing, and to our witnesses for speaking on this important topic today.

We have at least 81 Federal programs in America to help those who need a hand up. I am grateful to live in a country where, no matter where you come from, you can be anything you want to be.

That being said, throwing money at our problems is very rarely the silver bullet to anything. Our programs offering benefits and services for Americans cost over $1 trillion per year -- 1 trillion per year. Focusing on evidence-based programs that improve health and provide opportunities for a way off government assistance, those are programs worth investing in.

This is an issue near and dear to my heart. As a kid, I grew up on welfare. Instead of a government or community that encouraged my family towards self-sufficiency and off welfare, I saw an increased reliance on government checks, and no incentive to work for a better life. This perpetuates the cycle of poverty, and teaches our kids to rely on the government. We should be working to ensure people learn how to provide for themselves so that they never, ever need it again.

Oklahoma and Tulsa, in particular, values MIECHV funding for community needs, like low-income individuals struggling with being a mother, providing for loved ones, and encouraging these families to phase out of a low-income bracket.

MIECHV Funds are important for programs like the Nurse-Family Partnership, which has produced successful results for new moms by pairing them with nurses beginning in early pregnancy through the child's second year. These nurses in the program take a holistic approach by providing support around nutrition, substance use, partner violence screenings, and more to ensure a strong environment for the family. These are the kinds of programs that we should encourage, rather than writing blank checks for individuals week after week after week, with no incentive to do anything else.

While this pandemic has turned life upside down for families, there are silver linings, including virtual health. In rural areas around Oklahoma, virtual home visits can be beneficial and efficient. While Congress needs to act to extend this, we also need to work together to ensure virtual health is used in good faith and has no wavering results.

I look forward to working in a very bipartisan way to determine any updates, improvements, and reauthorization for MIECHV programs.

Ms. Coble, I am curious to hear the best ways to move forward with MIECHV. And as I mentioned, it is important to me because overall self-sufficiency should be focused on. Can you speak specifically to the value of coordinating between multiple

models and different services in one place to focus beyond maternal health, and on a holistic approach to preparing mothers for success?

*Ms. Coble. Absolutely, thank you.

One of the things that we know is that we are complex human beings, and we have so many different needs. And so we also know that there is just this internal, innate desire to work and be productive. We do know that. So as we are working with the moms, we are also working with that entire family, so that they can raise their level of self-sufficiency, not just to survive, but to thrive.

And when you have the various programs that you can bring together all in one place, or work with your community partners -- because we are blessed to work with over 50 different partners in the South Bend area to provide that holistic approach to mom and the family -- we are taking each barrier, one by one, and knocking it down so that mom can prosper. And when mom prospers, the baby is going to do so, as well.

*Mr. Hern. Thank you. Could you elaborate -- you have heard both sides talk about virtual health, the virtual home visits. Could you elaborate more on the importance of that, and what your thoughts are on it being extended even beyond this pandemic?

*Ms. Coble. Yes, we found that the telehealth visits were a very critical piece for us during the pandemic. We actually found that our nurses and our moms connected more.

Having said that, as we move forward, there are certain things that cannot be replicated, other than being a home visit or being a face-to-face visit. And the nice thing about it being a home visit is we come to you, you don't have to come to us. So when we are doing things like domestic violence screening, or when we are doing, you know, evaluations of the home, being able -- also being able to see the mom, like in the preeclampsia situations, those are very important.

But in between being able to do additional visits, and being able to do it through telehealth visits, that is just going to enhance the opportunity to serve that mom and her family better.

*Mr. Hern. Thank you so much for your expert testimony.

Mr. Chairman, I yield back.

*Chairman Davis. Thank you very much. And the chair is now please do recognize for five minutes Mr. Kildee.

*Mr. Kildee. Thank you, Chairman Davis, for holding this really important hearing.

And thank you to the witnesses for your compelling testimony.

In my home state of Michigan, over 4,000 families have been served since 2018 through Michigan's home visiting programs, supported by MIECHV funding. These families include families in my district, in Saginaw County and in Genesee County, Michigan, my home county. I would like to share some experts -- some excerpts, I should say, from testimonials provided by my constituents underscoring the impact that these programs have.

And Mr. Chairman, I will submit these for the record, and ask that they be included in the record of this hearing.

One Saginaw County parent wrote, "Since joining the Healthy Family program, I have gained more support. While working with Ms. Sanders, I have been talking about my fears with parenting, and she has provided me with knowledge and support to accomplish my goals. My goals, since joining the program, have been finding a place to live, getting furniture, starting my career.''

Jessica, a recent home visiting program graduate from Flint, said, "As a first-time mom, I had no idea what to expect. I knew my body was changing, but was this normal?

I never had done this before. I was thankful to be referred to a program that gave me the resources I needed. I had no idea a program like this existed until I got a call from the Hurley Nurse-Family Partnership. This program taught me so much about being the best mom I could be.''

These powerful testimonials really speak to the importance of this program, and I would like to see this work, this important work, continued and expanded in Michigan and all across the country.

I do have a couple of questions, though, to start. I have the honor and privilege of representing the Saginaw Chippewa Indian tribe, and the MIECHV law sets aside a fixed amount of funding for tribes. But that amount has not grown.

So, Ms. Dancer, can you speak to how increasing MIECHV funding would help expand and increase capacity for home visiting programs within tribal communities?

[Pause.]

*Mr. Kildee. Oh, sure. Ms. Dancer, if you could, address how increased funding for MIECHV programing within tribal communities would have an impact on those communities.

*Ms. Dancer. As I elaborated earlier, you know, most of the tribes, we have similarities, whether it is the socioeconomic impacts, generational trauma. So trying to ask our tribes to compete against one another just seems to not be justice. All tribes can benefit from home visiting.

When we talk about competitive funding, there is one fixed asset of funding, and asking tribes to compete against other tribes that have experience around home visitation, it is a little intimidating. They don't -- they tend to want to back off from trying to compete, and be competitive.

The other thing is that, you know, MIECHV provides two different ways of

applications. It is either you are developing your programs or you are expanding your existing programs. However, by doing that, it is one set of money. So it actually limits. Some of the tribes that already are existing are not able to competitively go after those that are developing, because the money has been split in half.

Our leadership weighs heavily on actually what funding that we actually try to go after. And, you know, it really -- depending on the needs of our tribe, and where the tribe is actually aligning, you know, with visions. And our families are of a higher priority.

So I guess that is what I would say is the funding is limited, and no increase of the tribal set-aside has -- limits us. We have only been able to serve 600 tribal families over the 10 years.

*Mr. Kildee. Thank you.

And I want to quickly -- Ms. Beck, if you could address an issue, our home visiting needs assessment in Michigan looked at educational attainment, even though it wasn't a required measure, and I wonder if you could speak to any impact that you think the program has had on your son, in terms of educational experience and attainment?

*Ms. Beck. Yes, thank you. Myia brought books and educational things. Myia let me know I could go online and print out coloring sheets for him to be able to color, and be able to trace numbers and everything. That helped him a little bit more with his growing education needs.

*Mr. Kildee. Well, thank you so much.

Mr. Chairman, thank you for allowing me to go a bit over. And I really appreciate the testimony of the witnesses. It is really important. I yield back.

*Chairman Davis. Thank you very much, Mr. Kildee.

Other members -- it looks as though we may not have them, but if they hear and would like to log in quickly, please do so.

Representative Chu, Representative Gomez?

Well, this -- they may not log back in, but I can tell you this has been an incredible exchange of information, and I want to thank all of the witnesses for their testimony today.

Please be advised that members will have two weeks to submit written questions to be answered later in writing. Those questions and your answers will be made part of the formal hearing record.

And so, again, I thank all of the members who participated, I thank all of the witnesses who have come and testified, shared your experiences and information.

And this subcommittee is adjourned.

[Whereupon, at 11:19 a.m., the subcommittee was adjourned.]

Member Questions for the Record follow:

Rep. Chu

Member Submissions for the Record follow:

Rep. Kildee

Submissions for the Record follow:

Healthy Families America

National Alliance of Home Visiting Models

Start Early

State of Delaware